DEPARTMENT OF SOCIAL SERVICES 744 P Street, Sacramento, CA 95814

(916) 445-4458

March 14, 1979

ALL-COUNTY INFORMATION NOTICE 1-29-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CA-20 (SIMPLIFIED REDETERMINATION FORM)

REFERENCE: ALL-COUNTY INFORMATION NOTICE 1-37-77

Attached is a copy of form CA-20 that has been developed for use in the annual AFDC redetermination process. The CA-20 is an outgrowth of the previously pilot tested CA-2R and of subsequent work by the Department of Social Services (DSS) and the County Forms Advisory Committee. This advance copy is being provided for counties that do their own printing and to allow for training of staff prior to availability of regular supplies.

Significant characteristics of the CA-20 include: 1) a cover page which contains a brief explanation of the redetermination; rights and responsibilities; an appointment section and a statement of the consequences of failure to complete the redetermination; 2) the removal of most items of eligibility not subject to change, and the rewording and reformatting of other questions for further simplification; 3) extensive preprinted information in the County Use Only section to assist with the verification and documentation of certain eligibility items; 4) a statement in the certification section instructing recipients to sign the form in the presence of their worker; and 5) a section for the eligibility worker to summarize the status of the redetermination, including space for appropriate worker and supervisor signatures.

The CA-20 is not to be used for the initial eligibility determination, and its use at redetermination is not mandatory at this time. If you do use the CA-20 for redeterminations, the process should include review of the most recently completed CA-2, all intervening CA-7s, and any other pertinent case record information. This process should provide a comprehensive update of the case record for determining continuing eligibility.

To ensure delivery of regular supplies of the CA-20 by April 10, we are requesting that you place your orders immediately with the DSS using the Form Order (GEN 727B) procedure. Spanish translations of this form should be available within a month of the English.



Use of the form CA-20 will shorten the time required to complete the annual AFDC redetermination without a decrease in program effectiveness. The form's development is a significant achievement in the Department's continuing efforts to improve the efficiency, effectiveness and equity of the AFDC program.

If you have any suggestions or recommendations for improvement to this form, please submit them to:

Henry J. Puga, Program Analyst AFDC Program Systems Bureau 744 P Street, M.S. 16-31 Sacramento, CA 95814

If you have any questions regarding the use or implementation of this form, please contact your AFDC Management Consultant at (916) 445-4458.

Sincerely,

Director

Attachment

cc: CWDA

The yearly review of your AFDC eligibility is now due.

Reason for Yearly Review (Redetermination)

The welfare department is required to completely review your eligibility for AFDC at least once every 12 months. This redetermination assures that eligibility still exists and that you are receiving the correct grant. Your cooperation is required.

Basically, this process involves reviewing all items of eligibility in your case record. You must complete the attached form and come to an interview with your eligibility worker.

Your Rights as an AFDC Recipient

- To discuss any action regarding your case with the welfare department any time you are dissatisfied.
- To be notified at least 10 days before your grant is to be reduced or discontinued.
- To request a state hearing if you are dissatisfied with any action of the welfare department.
- To have your records kept confidential by the welfare department.
- To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, handicap or age.
- To be treated with courtesy and consideration.
- To receive aid without interruption when you move from one county to another if you remain eligible.

Your Responsibilities as an AFDC Recipient

You must report the following kinds of changes to the county welfare department immediately (within 5 days) and on the next CA 7 (Monthly Eligibility & Income Report)

- You receive money from working, relatives, social security, veterans' benefits, tax refunds, or other source.
- You begin or stop work or training.
- You begin to receive free rent or utilities where you live.
- Your income increases, decreases or stops.
- You get or dispose of real estate or personal property, including purchase or sale of homes, vehicles, etc.
- Your child(ren) 16 to 21 years old begins or drops out of school or training.
- You or your spouse become pregnant and want aid for the unborn, or you or your spouse terminate a pregnancy for which you are receiving aid.
- Someone moves into or out of your home (including your children).
- You move to another address, or you visit outside the county or state more than 30 days.
- You get married, become separated, or divorced.
- You reunite with your spouse or the absent parent returns to the home.

If you aren't sure that a change should be reported, contact your eligibility worker. If you receive aid to which you are not entitled as a result of failing to report facts, a demand for repayment may be made.

What You Have to Do:

You must answer ALL the questions on this form. Your eligibility worker will need to see some documents to verify certain facts. These include:

Bring these items with you to the appointment scheduled on	at
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If you don't cooperate in the redetermination process, your case may be discontinued.

STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR ASSISTANCE (REDETERMINATION)

PLEASE PRINT IN INK

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